



Hill College Fire Academy

Physical Examination Form

Last Name: _____

First Name: _____

Date of Birth: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____ Resp: _____ Temp: _____

NORMAL ABNORMAL FINDING! ADDITIONAL COMMENTS

MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Skin			
MUSKULOSKELETAL			
Back			
Other			

Physician please circle clearance status and note any concerns on the comment line below:

CLEARED NOT CLEARED CLEARED PENDING (add comments below) Comments: _____

Physician's Printed Name: _____ Phone #: _____

Physician's Signature: _____ Date: _____

(Physician's Signature, phone number and date must be included, or physical examination is not valid.)